

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/018649

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* .		* .		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
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47							97					
48							98					
49							99					
50							100					
TOTAL							TOTAL					
TOTAL							IND.					
TOTAL							DEP.					
TOTAL							CLAIMS					

BEST AVAILABLE COPY